

The DataFlow Group Primary Source Verification Report



To check this report using the QR code, please visit https://corp.dataflowgroup.com/check-a-report/

www.dataflowgroup.com

Verification Report

| Report Summary | | |
|-------------------------|--|--|
| Applicant Name | MOHAMMED SARAH ALI MOHSEN | |
| DataFlow Case Reference | S003-2304-1452256 | |
| Client Reference | SCFHS090420231681041831 | |
| Application Type | NEW | |
| Issued To | SAUDI COMMISSION FOR HEALTH SPECIALTIES PO BOX 94656, RIYADH 11614, KINGDOM OF SAUDI ARABIA | |
| Issued On | 07 MAY 2023 | |
| Date of Receipt | 09 APRIL 2023 | |
| Passport Number | 09725473 | |
| SCHS License Number | NA | |
| Result | POSITIVE | |

| Report Status Color Ref | erence Table |
|-------------------------|--|
| Discrepancy | i) The concerned issuing authorities have reported one or more discrepancies in the information provided. ii) Discrepant records found against the concerned Applicant and or an associated Issuing Authority. |
| Unable To Verify | One or more component(s) could not be verified due to i)An untraceable or unresponsive issuing authority. ii) An unconfirmed affiliation. iii)The documents submitted by the applicant were incomplete. |
| Positive | The concerned issuing authorities have confirmed that the submitted details are verified. |

Disclaimer: © Copyright 2023 The DataFlow Group. All rights reserved. No part of this publication may be reproduced without the express prior consent of the DataFlow Group. Portions of this document may have been masked or redacted to protect proprietary, personal or sensitive information.



| Verification Component:Education 1 | | | |
|--|--|------------------------------------|--|
| Detail | Information Provided | Information Verified | |
| Institute Name | UNIVERSITY OF SCIENCE AND TECHNOLOGY | CORRECT | |
| Qualification Attained | BACHELOR OF PHARMACY - DOCTOR OF PHARMACY | CORRECT | |
| Conferred Date/Examination Date/Issue Date | 30 JUNE 2021 | 30 JUNE 2021 (DOCUMENT ISSUE DATE) | |
| Degree/Course Is Completed | YES | CORRECT | |
| Remarks | Verified. | | |





| Verification Component: Education 2 | | | |
|--|-------------------------------------|----------------------------------|--|
| Detail | Information Provided | Information Verified | |
| Institute Name | THE NATIONAL UNIVERSITY OF MALAYSIA | CORRECT | |
| Qualification Attained | MASTER OF CLINICAL PHARMACY | CORRECT | |
| Conferred Date/Examination Date/Issue Date | 26 NOVEMBER 2022 | 26 NOVEMBER 2022 (ISSUE DATE) | |
| Degree/Course Is Completed | YES | CORRECT | |
| Remarks | Verified | | |





| Verification Component:Cross Check | |
|------------------------------------|-----------------------------|
| Remarks | No Derogatory Records Found |



